

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** Paper

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** Systems for Providing Extensible Help

**Attorney Docket Number::** BEAS-1438US1

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 2

**Small Entity?::** No

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::** No

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?:** No

## **Applicant Information**

**Applicant Authority Type:** Full Capacity

**Primary Citizenship Country:** US

**Status:** Inventor

**Given Name:** John

**Middle Name:** Douglas

**Family Name:** Methot

**Name Suffix:**

**City of Residence:** Seattle

**State or Province of Residence:** WA

**Country of Residence:** US

**Street of mailing address:** 900 Aurora Avenue, #404

**City of mailing address:** Seattle

**State or Province of mailing address:** WA

**Country of mailing address:** US

**Postal or Zip Code of mailing address:** 98109

## **Correspondence Information**

**Correspondence Customer Number:** 23910

**Phone number:** (415) 362-3800

**Fax Number:** (415) 362-2928

**Email address:** SBachmann@fdml.com

## **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e) Provisional	60/451,293	02/28/03

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee Name::** BEA Systems, Inc.  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131